

Case 1:15-cv-00093-KG-LF

**FILED**UNITED STATES DISTRICT COURT  
ALBUQUERQUE, NEW MEXICOIN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEW MEXICO

JAN 28 2016

PROSE

MIGUEL LUJAN

PLAINTIFF.

MATTHEW J. DYKMAN  
CLERK

Case No. 15-CV-00093-KG-LF

V.

CITY OF ESPAÑOLA, ESPAÑOLA POLICE  
DEPARTMENT, OFFICER LUGINBUHL,  
and OFFICER MARTINEZ,  
DEFENDANTS.

REDACTED

## PLAINTIFFS RESPONSE TO MARTINEZ REPORT

Comes now, plaintiff is incarcerated at the  
Guadalupe County Correctional Facility by and is  
responding to the Martinez report.

## I. INTRODUCTION

Plaintiff is incarcerated and in fact does  
understand the reason for the Española City Police to  
have stopped plaintiff the night of his hospitalization  
beginning April 3, 2014 until April 28, 2014.

Plaintiff did in fact take a global plea of  
breaking and entering and was walking down Calle  
Vigil when officers stopped him. Not lying in the  
middle of street like they claim. At that point is  
when Officer Luginbuhl, who was fired from his police  
duties for shooting at his own coworkers did feel  
I get tazed even with my hands up in the air.

Plaintiff feels the defendants could have

Case No. 1:15-CV-00093-KG-LF

Page: \_\_\_\_\_

APPROACHED HIM DIFFERENTLY AND FOLLOWED THEIR PROPER PROCEEDINGS WHICH WOULD OF TURNED OUT DIFFERENTLY. THE LAST THING PLAINTIFF REMEMBERS FROM THAT NIGHT WAS THE POLICE OFFICERS ASKING PLAINTIFF TO PUT UP HANDS AND BOTH OFFICER LUGINBUHL AND MARTINEZ HAD BOTH SPOT LIGHTS AND HOOD CHERRY LIGHTS ON PLAINTIFF AT THE TIME PLAINTIFF HAD HIS HANDS IN THE AIR.

USE PARAMEDIC REPORT STATES PARAMEDIC'S DID IN FACT TAKE ELECTRODES OUT FROM MY LEFT ARM AND ~~RIGHT~~ <sup>RIGHT</sup> HIP NOT AROUND LEFT ELBOW AND BUTTOCKS AREA.

READING BOTH POLICE REPORTS OFFICERS ADMIT TO TAZING PLAINTIFF WHILE BEING HAND CUFFED TO THE BACK AND OFFICER MARTINEZ STATES HE KNEES PLAINTIFF IN THE ABDOMEN FOR THE REASON PLAINTIFF TENCED UP AFTER BEING TAZED IN THE CHEST AREA.

AUTOGRAPH ON THE POLICE REPORTS THEY ADMIT TO HAVING TAZED PLAINTIFF SIX TIMES. TWICE BEFORE HANDCUFFING PLAINTIFF AND THREE AFTER HANDCUFFING PLAINTIFF AND THE ONE TIME OFFICER MARTINEZ STATES HE SEES LUGINBUHL TAZE PLAINTIFF IN THE CHEST AREA. SIX TIMES ON REPORTS.

CASE NO 1:15-CV-00093-KG-LF

Page: \_\_\_\_\_

THE ORDER TO FILE A MARTINEZ REPORT WAS TO INVESTIGATE THE INCIDENT WHICH HAPPEND THE DAY PLAINTIFFS HOSPITALIZATION,

TO GET MEDICAL RECOURS WHICH DEFENDANTS HAVE NOT YET PROVIDED TO PROVID VIDEO OF APRIL 3, 2014 WHICH DEFENDANTS HAVE NOT BROUGHT FOURTH.

FROM THE LOOKS OF THE DEFANDANTS MARTINEZ REPORT IT IS ALL OF PLAINTIFFS CRIMINAL HISTORY WHICH WOULD BE RELAVENT TO THIS CASE.

PLAINTIFF IS NOW INVOLVED IN MENTAL HEALTH DO TO THE TAZORING THAT WAS APLIDED ON PLAINTIFF AND IS RESULTING IN PHYSICAL AND EMOTIONAL INJURIES. PLAINTIFF WAS DIEGNOSED WITH PTSD AND DEPRESSION DO TO INCEDIENT ON APRIL 3, 2014

PLAINTIFF TRYED TO GET IT IN WRITING TO SHOW THE COURTS THAT PLAINTIFF HAS BEEN MENTOLY EFFECTED BUY ALL THE TAZING THAT WAS APLIED BUT THE FACILITY DID NOT WANT TO GIVE THAT INFORMATION OUT TO PLAINTIFF AND WOULD NEED TO GET A ATTORNEY TO REQUEST THAT INFORMATION.

THE PLAINTIFF DOES INFACIT UNDERSTAND

Case No 1:15-CV-00093-KG-LF

Page: \_\_\_\_\_

THAT WHAT HE WAS DOING IN THE ACT OF ALL THIS WAS NOT WHAT HE WAS SUPPOSED TO BE DOING AND IS COMPLEATING THE REMANDOR OF HIS SENTENCE AT THIS TIME. THE PLAINTIFF DOES NOT FEEL GOING BACK TO THE VALLY WOULD BE THE RIGHT CHOICE FOR HIM SO HE WILL BE MOVING TO AIRBUQUERQUE AS SOON AS HIS RELEASE DATE COMES FORTH.

PLAINTIFF IS SCARED TO RETURN BACK TO THE VALLY AND BELIVES DEFENANTS WOULD WANT HIM DEAD OR INCARCERATED FOR THE REMAING DAYES OF HIS LIFE.

OVERALL PLAINTIFF DOES FEEL THAT DEFENDANTS DO KNOW THAT AT SOME POINT THEY DID CROSS THE LINE BUY USING EXOCIVE FOURCE FOR THE FACT THAT THEY DID AIREADY TRY TO MAKE AN OFFER TO SETTLE OUT OF COURT. SO WITH ALL DO RESPECT TO THE COURT PLAINTIFF ASKES THE COURT TO NOT JUDGE PLAINTIFF BUY HIS PAST MUSTAKES AND WITH ALL DO RESPECT PLAINTIFF THANKS THE COURT FOR GIVING HIM THE OPPERTULTY OF PRESANTING PLAINTIFFS CASE AND THANKS THE COURT FOR THIER TIME.



Case NO 1:15-CV-00093-KG-LF

Page: \_\_\_\_\_

# CERTIFICATE OF SERVICE

I HEREBY CERTIFY THAT ON THE 25<sup>th</sup> day OF JANUARY, 2016, THE FOREGOING PLAINTIFFS RESPONSE TO DEFENDANTS MARTINEZ REPORT WAS MAILED OUT BY MAIL TO DEFENDANTS' ADDRESS:

MARK A. BASHAM

STEPHEN C. ROSS

2205 MIGUEL CHAVEZ, SUITE A

SANTA FE NEW MEXICO 87505

ATTORNEYS FOR DEFENDANTS

RESPECTFULLY

SUBMITTED

PROSE

2-25-16

MIGUEL LUJAN

# 66946

Miguel Lujan

C/O Guadalupe Corrections  
P.O. BOX 520  
Santa Rosa NMex  
88435

BASHAM & BASHAM, P.C.  
ATTORNEYS AT LAW

November 10, 2015

**LEGAL MAIL**

Miguel Lujan, #66946  
Unit H-2A-106  
Guadalupe County Correction Facility  
P.O. Box 520  
Santa Rosa, NM 88435

Re: **CONFIDENTIAL SETTLEMENT OFFER PURSUANT TO RULE 11-504**  
**Case No. 15-CV-93 SCY/KK Miguel Lujan v. City of Espanola et al.**


Dear Mr. Lujan:

I am writing to offer to settle all your claims against all the defendants in the case listed above. I am an attorney and represent all the defendants. We are offering to pay you \$1,000.00 to settle this lawsuit. If you agree to this offer you can call or write me and I will prepare legal documents to have the case dismissed and have us each waive and release all our claims against one another.

Please note that I am the attorney on the other side of this case so you may wish to consult with someone serving your interests regarding this offer. I am aware that you have sought legal counsel and have not obtained legal counsel thus far. I am dealing with you directly because you have no legal counsel. If you get an attorney to represent you please let me know.

My contact information is on the bottom of this letter. My direct phone line is (505) 988-4575 x106. My e-mail is [pdwyer@bbpcnm.com](mailto:pdwyer@bbpcnm.com)

Sincerely

  
Peter A. Dwyer

2205 MIGUEL CHAVEZ ROAD, SUITE "A" • SANTA FE, NEW MEXICO • 87505  
PHONE: (505) 988-4575 • FAX: (505) 992-6170

**FINAL****Patient Care Report**

Española Hospital

1010 SPRUCE ST

ESPANOLA, NM, 87532-2748

(505) 753-1376 Ext.

Run Number: 1076

Date of Service: 04/03/2014

Patient Name: Miguel Lujan

EMS Agency Number:

**CREW INFO**

Vehicle: M1

Crew #1: Leimer, Van

Crew #1 Level: EMT-Paramedic

Crew #2: Smith, James

Crew #2 Level: EMT-Paramedic

Doc'd By: Leimer, Van

Assisted By:

**RESPONSE INFO**

Call Type:

Resp Priority: Priority 1 City

Resp Change: Priority 1 City

Nature Of Call: E30 Traumatic Injuries

Call Taken by:

Resp. with:

# of Patients: 1

Location: 1017 W. Bond  
Española, NM 87532**DISPOSITION**

Outcome: Treated, Tx by EMS

Trans. Priority:

Transport Mileage: 0.2

Cond at Dest: Improved

Level of care:

Pt. Transported: Supine - Main Stretcher

Dest. Reason: Protocol

Destination: Espanola Presbyterian  
Hospital  
Dept. ER  
1010 SPRUCE ST  
ESPANOLA, NM 87532-2748**TIMES**

Recvd: 01:01 04-03-14

Dispatch: 01:01 04-03-14

En route: 01:03 04-03-14

At scene: 01:11 04-03-14

At patient: 01:23 04-03-14

Transport: 01:32 04-03-14

At dest: 01:36 04-03-14

Trans of: 01:36 04-03-14

Care:

In service: 02:00 04-03-14

**PATIENT INFORMATION**

Name: Miguel Lujan

Phone: (505) 316-3633

Home Country: United States

SSN: 000-00-0000

Sex: Male

DOB: [REDACTED]

Weight: 125 lbs (56.7 kgs)

Billing Addr.: PO BOX 2068

ESPANOLA, RIO ARRIBA, NM 87532

PCP:

Specialist:

**INSURANCE****Workmans Comp. Info:**

Company:

Group #:

Code:

Certificate Mod Num:

Ambulance Transport in Last 24 Hours: No

no insurance information entered

**PATIENT COMPLAINTS****Chief Complaint:**

Trauma - Other (Primary)

**HISTORY****Past Medical History:**

Unknown

**Allergies**

Unknown

**Medications**

Unknown -

**ASSESSMENT**

ETOH/Drug use:

**FINAL****Patient Care Report****Espanola Hospital**

1010 SPRUCE ST

ESPANOLA, NM, 87532-7724

(505) 763-1578 Ext.

Run Number: 1075

Date of Service: 04/03/2014

Patient Name: Miguel Lujan

EMS Agency Number:

04/03/2014 01:29:00

By: Leimer, Van

Body Area	Assessments and Comments	Body Area	Assessments and Comments
Airway	Completely Obstructed:	Blood/Fluid Loss	<100 ML
Head	Patent - Adjunct in Place	Face	Trauma - Abrasion:
	Trauma - Bleeding Controlled:		Trauma - Bleeding Controlled:
	Trauma - Bruising:		Trauma - Bruising
	Trauma - Hematoma		No Obvious Abnormalities
Left Ear	Trauma - Abrasion		No Obvious Abnormalities
Left Eye	Trauma - Bruising	Right Ear	No Obvious Abnormalities
Nose	No Obvious Abnormalities	Right Eye	No Obvious Abnormalities
Trachea	Midline	Neck	Trauma - Bruising
Abdomen	No Obvious Abnormalities	Chest	No Obvious Abnormalities with Equal Rise and Fall
Back - Lower	No Obvious Abnormalities	Back - Upper	No Obvious Abnormalities
Upper Left Arm	No Obvious Deformities or Other Abnormalities	Pelvis	No Obvious Abnormalities or Asymmetry
Lower Left Arm	No Obvious Deformities or Other Abnormalities	Upper Right Arm	No Obvious Deformities or Other Abnormalities
Left Hand	Trauma - Abrasion	Lower Right Arm	Trauma - Laceration
Upper Left Leg	No Obvious Deformities or Other Abnormalities	Right Hand	Trauma - Abrasion:
Lower Left Leg	No Obvious Deformities or Other Abnormalities		Trauma - Laceration
Left Foot	No Obvious Deformities or Other Abnormalities	Upper Right Leg	No Obvious Deformities or Other Abnormalities
Mental Status	Decreased LOR	Lower Right Leg	No Obvious Deformities or Other Abnormalities
Throat/Mouth	No Obvious Abnormalities	Right Foot	No Obvious Deformities or Abnormalities
		Nervous System	Unable to Evaluate

**IMPRESSIONS**

Primary Impression: Cardiac Arrest

Secondary Impressions: Mental-Unresponsive

**TRAUMA****Trauma**

Fall of 1-6 Feet

**Cause of Injury**

Electrocution (Non-Lightning)

**Injury Intent type**

Intentional, other

Category (All Trauma!!) - Category 1 Electrical Shock

Falls

**VITAL SIGNS**

Time	PTA	BP	Pulse	Monitor Rate	Respiratory	SpO2	EtCO2	Glucose	GCS
04/03/2014 1:29	No	0	0, Absent,		0 Absent,	0%			
		Palpate	<None>		Irregular				E1 + V1 + M1 = 3

Skin Temp=Normal Skin Color=Cyanotic Skin Moisture=Normal Lung Sounds Left=Normal - Non-Reactive; Lung Sounds  
 Right=Normal - Non-Reactive; Cap. Refill=Delayed  
 Right=Absent Pupil Reacts: Left=Absent, Right=Absent  
 Level of Consciousness: U - Unresponsive;

Taken by: Leimer, Van

**TREATMENT SUMMARY**

Time	PTA	Treatment	Who performed	Authorized by	Comments
01:29	No	Naloxone (Narcan)	Leimer, Van		
		Complication			
		None			
		Dosage=2 mg			
		Route=IN			
					Response=No change



**FINAL****Patient Care Report**

Espanola Hospital

1010 SPRUCE ST

ESPANOLA, NM, 87532-7724

(505) 753-1576 Ext.

Run Number: 1076

Date of Service: 04/03/2014

Patient Name: Miguel Lujan

EMS Agency Number:

**TREATMENT SUMMARY CONTINUED**

<u>Time</u>	<u>PTA</u>	<u>Treatment</u>	<u>Who performed</u>	<u>Authorized by</u>	<u>Comments</u>
01:29	No	CPR	Leimer, Van		
		<u>Complication</u>			
		None			<u>Complication Narrative</u>
		Method=Two Hands			
			Result=Pulse with CPR		Comp/Vent Ratio=Initiated 30:2
<u>Time</u>	<u>PTA</u>	<u>Treatment</u>	<u>Who performed</u>	<u>Authorized by</u>	<u>Comments</u>
01:29	No	BVM	Smith, James		
		<u>Complication</u>			
		None			<u>Complication Narrative</u>
		Ventilatory Rate=12/min			
			O2 Flow=15 lpm		Bag Compliance=Chest Rise - Bilateral
		Response=Cardiovascular Status Improved			
<u>Time</u>	<u>PTA</u>	<u>Treatment</u>	<u>Who performed</u>	<u>Authorized by</u>	<u>Comments</u>
01:29	No	NPA	Smith, James		
		<u>Complication</u>			
		None			<u>Complication Narrative</u>
		Attempts=1			
		Nare Prep=KY Jelly			Size=30 Fr.
			Success=Successful		Response=Airway Improved
			Site=L Nare		
<u>Time</u>	<u>PTA</u>	<u>Treatment</u>	<u>Who performed</u>	<u>Authorized by</u>	<u>Comments</u>
01:33	No	Naloxone (Narcan)	Smith, James		
		<u>Complication</u>			
		None			<u>Complication Narrative</u>
		Dosage=2 mg			
			Route=IN		Response=No change

**FINAL****Patient Care Report****Espanola Hospital**

1010 SPRUCE ST

ESPAÑOLA, N.M. 87533-2274

(505) 754-1575 Ext.

Run Number: 1076

Date of Service: 04/03/2014

Patient Name: Miguel Lujan

EMS Agency Number:

**NARRATIVE**

D- M1 and EFD dispatched to M subject who was tazered by EPD @ 1710 W. Bond St., U/A found Officer Jose Martinez in home that directed EMS and EFD to street 1 block over Calle Vigil. EMS enroute with fire to pt. that had been tazed was awake and alert and being detained by EPD onscene. EFD was cancelled enroute by EMS and EFD returned to station. Fire was cancelled due to narrow street with one outlet. Engine would have blocked access. C- U/A found 26 y/o M pt. laying on his back supine with Officer David Luginbuhl standing beside pt. Officer reports that pt. had attempted to evade officer by running and pt. was tazered. Pt. initially had no complaints other than he wanted to go home. HP- Pt. was picked up earlier in the evening by EMS @ Triple S gas station. Pt. was running from unknown people when EMS picked up pt. Pt. was assessed and taken to EVH ER. Pt. at this time reportedly had injuries from breaking into a home at 1710 W. Bond St. and that is why police were called and onscene.

A- see report

M- see report

PMHx- see report

L- UNK

E- Pt. stated, "I have been high for days and drinking whiskey!" When pt. was rolled onto side he questioned EMS about breaking his whiskey bottle. A- Pt. is covered in grass and dirt. Pt. is lying supine and sits up when asked. Pt. is answering questions but being argumentative. Pt. becomes very agitated when EPD places pt. in handcuffs and begins screaming, yelling and very combative with EPD so assessment is delayed.

Rx- U/A pt. is not handcuffed and Officer Luginbuhl is standing with a tazer in his hand and pt. has electrodes on R hip and L arm. EMTF Leimer and EMTF Smith remove electrodes that are attached to pt. skin. EMS confers with EPD officers that pt. is going to jail and that they will take pt. to EVH ER for prescreen prior to entering jail. Officers handcuff pt. who becomes very combative and begins screaming, yelling, and fighting with officers. EPD officers attempt to place pt. in back seat of squad car and pt. will not allow and is screaming for his girlfriend. Pt. attempts to run from officers and escapes when EMTF Leimer catches pt. by the handcuffs. Pt. is turned and taken down on the hood of the EPD squad car. Pt. is very violent, screaming, fighting, and yelling for his girlfriend that they are taking him to jail. Girlfriend arrives while EMS watches and EPD attempts to place pt. in back of squad car again. Girlfriend approaches EPD and EPD officers advise her to step back. EMTF Smith begins talking to girlfriend to distract her and gather pt. information. EPD gets pt. into car and pt. slides across the back seat and out the drivers side back seat of car. Officer Martinez catches pt. and with momentum of pt. coming out of the back of the car attempts to subdue pt. to the ground where pt. hits his face and head. Officers restrain pt. to the ground at this point and pt. is still fighting and being very combative with officers. Officers have one knee on pt. back and one officer holding pt. legs to prevent him from kicking. Pt. is still talking and EPD calls for Jail transport van to come get pt. from scene. Pt. slowly becomes less combative and breathing slows. EMTF Leimer approaches and notices pt. breathing has slowed and asks officers to roll pt. on his side. Pt. is unresponsive at this time and EMTF Leimer asks EMTF Smith to bring gurney. Pt. is loaded onto gurney and placed in M1. Pt. appears apneic and carotid pulse is taken with no pulse being felt by EMTF Leimer. EMTF Leimer grabs naran and administers 2mg naran via IN. EMTF Smith checks and confirms no pulse and EMTF Leimer immediately begins CPR. EMTF Smith places shock pads on pt. and attempts to hook up four lead from Lifepak 15. Lifepak 15 is not working at this time. EMTF Leimer continues CPR and EMTF Smith grabs BVM and begins bagging the pt. EMTF Smith checks for gag reflex and appears intact. EMTF Smith grabs NPA and places in pt. L nare and continues bagging pt. Officer Luginbuhl opens door and asks if he can drive M1 to EVH ER. EMS responds yes and transport begins. EVH ER is approx. 2 miles away.

Tx- Enroute EMTF Leimer continues CPR throughout transport. EMTF Smith continues bagging pt. with High flo. O2 pausing to administer another 2mg of naran via IN. EMTF Smith gives quick radio report to alert EVH ER of pt. condition and continues bagging immediately. M1 arrives @ EVH ER and pt. has a pulse and very slow breathing. Pt. is moved into trauma Rm. A and pt. report is given to Dr. Connaughton. EVH ER staff take care of pt. EMS stays to help with pt. care. Once pt. is stabilized EMS cleans M1 and returns to service.

PD Case Number:

**MISCELLANEOUS**

Police Officer:

Protective equip used

Gloves

**FINAL****Patient Care Report**

Espanola Hospital

1010 SPRUCE ST

ESPANOLA, NM 87502-7124

(505) 753-1376 Ext.

Run Number: 1076

Date of Service: 04/03/2014

Patient Name: Miguel Lujan

EMS Agency Number:

**SIGNATURES**TimeTypeWho signedWhy patient did not sign

04/03/2014 04:01

EVEMS Billing Signature

Relative - Sanchez, Amanda

GCS &lt;15

x Amanda Sanchez

ASSIGNMENT OF BENEFITS AUTHORIZATION, RESPONSIBILITY FOR PAYMENT, BILLING AUTHORIZATION, AND ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES.

I understand that I am financially responsible for the services provided to me by Espanola Valley EMS (EVEMS) regardless of insurance coverage. I request that payment of authorized Medicare or other insurance benefits be made on my behalf to EVEMS for any services provided to me by EVEMS. I authorize and direct any holder of medical information or documentation about me to release to the Centers for Medicare and Medicaid Services and its carriers and agents, as well as to EVEMS and its billing agents and any other payers or insurers, any information or documentation needed to determine these benefits or benefits payable for any services provided to me by EVEMS, now or in the future. I agree to immediately remit to EVEMS any payments that I receive directly from any source for the services provided to me and I assign all rights to such payments to Espanola Valley EMS. I also acknowledge that I have received a copy of the Espanola Valley EMS Notice of Privacy Practices. A copy of this form is as valid as the original.

I believe (as a prudent lay person) that emergency ambulance transportation is necessary.

04/03/2014 04:03

Receiving Facility Confirmation

Medical Staff - Martinez, Jennifer

&lt;Not applicable&gt;

I certify that the above named patient was received by our facility on the date and time set forth above.

x [Signature]**CREW INFORMATION**

Start Date/Time: 04/01/2014 12:39

Crew # Name

E58 Leimer, Van

Crew # Name

E70 Smith, James

x [Signature]x [Signature]

I.C.U. REPORT

## VENTILATOR FLOW SHEET



Nurse Flowsheets

DATE / TIME		4/4/14	0550	0600	0610	0620	0630	0640	0650	0700
MONITOR	HR	67	55	41	55	65	71			
	SpO <sub>2</sub>	95	97	93	98	97	94			
	SvO <sub>2</sub> / BP	128/57	123/44	123/41	112/38					
	Mode	SimV	5120							
	V <sub>T</sub> Set / PIP	450/450								
	V <sub>T</sub> Return	448/457								
	Rate Set	15	15							
	Rate--Total	17	17							
	Peak Flow	70	70							
	Sensitivity	3.0	3.0							
VENT SETTINGS	Pressure									
	Flow by									
	FiO <sub>2</sub>	35	35							
	PEEP	5	5							
	Pressure Suct	10	10							
	P.S Return	523	474							
	I Time	1.90	1.90							
	MAP	9.1	8.5							
	Peak Pressure	24	23							
	Plateau Pressure									
PT PARAMETERS	Static Comp.									
	Dynamic Comp.									
	I : E Ratio	1:3.5	1:3.1							
	Minute Volume	3.4	7.52							
	H <sub>2</sub> O / Drain	4ml	4ml							
	Temperature									
	Apnea Param	40	40							
	High Pres Limit	40	40							
	Low PEEP	5	5							
	Low Exhaled Vol	250	250							
ALARMS	High Resp Rate	40	40							
	Suction									
	Tube Care									
	Cuff Pressure									
	Breath Sounds									
	Treatment									
	Time / pH									
	PCO <sub>2</sub>									
	PO <sub>2</sub>									
	HCO <sub>3</sub>									
BLOOD GASES	SaO <sub>2</sub>									
	ETCO <sub>2</sub>									
	Average V <sub>T</sub>									
	Resp Rate (f)									
	Vital Capacity									
	NIF									
	Therapist									
	<input type="checkbox"/> Gas flow and Alarms to Ventilator tested prior to set-up on Patient (initials)									
	<input type="checkbox"/> Safety Sticker Current									

Breath Sounds: cr = crackles, rh = rhonchi, wh = wheeze, cl = clear

Ordering Physician:	Narayanan	Diagnosis:	
Ventilator Make:	840	Unit:	
Legal Signatures:	E. B. RCT		
ETT Holder:	Z. B. RCT		
Tube Size / Placement:	7.5 ETT	Date Change:	

## PATIENT IDENTIFICATION

LUJAN, MIGUEL  
012151439-409304/03/14  
26Y/M

LAKSHMI-NARAYANAN, S. ATN.



000151439

PRESBYTERIAN

## VENTILATOR FLOW SHEET



Nurse Flowsheets

DATE / TIME		4/3/14	2050	2305
MONITOR	HR	74	75	
	SpO <sub>2</sub>	97	96	
VENT SETTINGS	SvO <sub>2</sub> / BP	119/53	124/44	
	Mode	Simv	Simv	
	Vt Set / PIP	450/450		
	Vt Return	453	517	
	Rate Set	15	15	
	Rate-Total	20	19	
	Peak Flow	70	70	
	Sensitivity	3.0	3.0	
	Pressure			
	Flow by			
PT PARAMETERS	FiO <sub>2</sub>	.35	.35	
	PEEP	5	5	
	Pressure Suct	10	10	
	P S Return	465	448	
	I Time	90	90	
	MAP	2.9	2.9	
	Peak Pressure	22	21	
	Plateau Pressure	14		
	Static Comp	12		
	Dynamic Comp			
ALARMS	I:E Ratio	1:3.4	1:3.5	
	Minute Volume	4.1	4.68	
	H <sub>2</sub> O / Drain	Time	Time	
	Temperature			
	Apnea Param	21	21	
	High Pres Limit	40	40	
	Low PEEP	2.5	2.5	
	Low Exhaled Vcl	250	250	
	High Reso Rate	20	20	
	Suction	Y		
WEANING & BLOOD GASES	Tube Care	Simv		
	Cuff Pressure			
	Breath Sounds	crackles		
	Treatment			
	Time / pH			
	PCO <sub>2</sub>			
	PO <sub>2</sub>			
	HCO <sub>3</sub>			
	SaO <sub>2</sub>			
	ETCO <sub>2</sub>			
PT CARE	Average Vt			
	Reso Rate (f)			
	Vital Capacity			
	NIF			
	Therapist	AS	AS	

☐ Gas flow and Alarms to Ventilator Tested prior to set-up on Patient (initials)

☐ Safety Sticker Current

Breath Sounds: cr = crackles, rh = rhonchi, wh = wheeze, cl = clear

Ordering Physician: <u>L. Grayson</u>	Diagnosis:
Ventilator Make: <u>S40</u>	Unit:
Legal Signatures: <u>[Signature]</u>	
ETT Holder: <u>21 Backmolar</u>	
Tube Size / Placement: <u>7.5 ETT</u>	Date Change:

PATIENT IDENTIFICATION

 LUJAN, MIGUEL  
 012151439-4093

04/03/14

26Y/M

LAKSHMI-NARAYANAN, S. ATN.



000151439

PRESBYTERIAN



## VENTILATOR FLOW SHEET



Nurse Flowsheets

DATE / TIME		04/03/14	0630	0750	0840	0940	1010	1130	1230	1330	1440	1545	1730
MONITOR	HR	114			99		97		77	72	78	81	74
	SpO <sub>2</sub>	100			100		100		99	100	99	96	97
VENT SETTINGS	SvO <sub>2</sub> / BP				100/55		100/55						
	Mode	SVT			SVT		SVT		SVT	SVT	SVT	SVT	SVT
RT PARAMETERS	V <sub>T</sub> Set / PIP	500			500		500		500	500	500	500	500
	V <sub>T</sub> Return	450			450		450		450	450	450	450	450
ALARMS	Rate Set	15			15		15		15	15	15	15	15
	Rate-Total	15			15		15		15	15	15	15	15
BLOOD GASES	Peak Flow	65			65		65		65	65	65	65	65
	Sensitivity	30			30		30		30	30	30	30	30
PT/CARE	Pressure	0.25			0.25		0.25		0.25	0.25	0.25	0.25	0.25
	Flow by	0.25			0.25		0.25		0.25	0.25	0.25	0.25	0.25
WEARING	FiO <sub>2</sub>	100			100		100		100	100	100	100	100
	PEEP	5			5		5		5	5	5	5	5
BLOOD GASES	Pressure Supt	10			10		10		10	10	10	10	10
	P.S. Return	311			311		311		311	311	311	311	311
BLOOD GASES	MAP	9.5			9.5		9.5		9.5	9.5	9.5	9.5	9.5
	Peak Pressure	21			21		21		21	21	21	21	21
BLOOD GASES	Plateau Pressure	12			12		12		12	12	12	12	12
	Static Comp.	4.8			4.8		4.8		4.8	4.8	4.8	4.8	4.8
BLOOD GASES	Dynamic Comp.												
	I:E Ratio	1:3.2			1:3.2		1:3.2		1:3.2	1:3.2	1:3.2	1:3.2	1:3.2
BLOOD GASES	Micula Volume	900			900		900		900	900	900	900	900
	H <sub>2</sub> O / Drain												
BLOOD GASES	Temperature	36.5			36.5		36.5		36.5	36.5	36.5	36.5	36.5
	Apnea Param	20.5			20.5		20.5		20.5	20.5	20.5	20.5	20.5
BLOOD GASES	High Pres Limit	40			40		40		40	40	40	40	40
	Low PEEP	2.5			2.5		2.5		2.5	2.5	2.5	2.5	2.5
BLOOD GASES	Low Exhaled Vol	250			250		250		250	250	250	250	250
	High Resp Rate	40			40		40		40	40	40	40	40
BLOOD GASES	Suction												
	Tube Care	Sec			Sec		Sec		Sec	Sec	Sec	Sec	Sec
BLOOD GASES	Cuff Pressure	20			20		20		20	20	20	20	20
	Breath Sounds	Clear			Clear		Clear		Clear	Clear	Clear	Clear	Clear
BLOOD GASES	Treatment												
	Time / pH												
BLOOD GASES	PCO <sub>2</sub>												
	PO <sub>2</sub>												
BLOOD GASES	HCO <sub>3</sub>												
	SaO <sub>2</sub>												
BLOOD GASES	ETCO <sub>2</sub>	30			30		30		30	30	30	30	30
	Average V <sub>T</sub>												
BLOOD GASES	Resp Rate (f)												
	Vital Capacity												
BLOOD GASES	NIF												
	Therapist												

Gas flow and Alarms to Ventilator tested prior to set-up on Patient (initials)

Safety Sticker Current

Breath Sounds: cr = crackles, rh = rhonchi, wh = wheeze, cl = clear

Ordering Physician:	Connaughton	Diagnosis:	
Ventilator Make:	840	Unit:	ED B - 2229
Legal Signatures:	Fluoresman RRT / MGBM RRT		
ETT Holder:	tape		
Tube Size / Placement:	7.5 21 bore	Date Change:	Day 1
	mean		

PATIENT IDENTIFICATION

LUJAN, MIGUEL  
012151439-4093

04/03/14  
26Y/M

CONNAUGHTON, KAREN, ATN.



000151439

PRESBYTERIAN

## Ventilator Notes



Nurse Notes													
TIME	PULSE		MEDICATIONS		DURATION	AIR LPM	O2 LPM	COUGH	NA	SPUTUM	TYPE	COLOR	AMOUNT
1	NA	2	NA	3	NA	NA	NA	NA	YES	NO			
HNN PD		ASSESSMENT		NA		PRED TV		ACTUAL TV		NA		POST BREATH SOUNDS	
IS PULSE OX				NA						NA			
USN IPPB				NA						NA			
SPUTUM - IND				NA						NA			
TIME	PULSE		MEDICATIONS		DURATION	AIR LPM	O2 LPM	COUGH	NA	SPUTUM	TYPE	COLOR	AMOUNT
1	NA	2	NA	3	NA	NA	NA	NA	YES	NO			
HNN PD		ASSESSMENT		NA		PRED TV		ACTUAL TV		NA		POST BREATH SOUNDS	
IS PULSE OX				NA						NA			
USN IPPB				NA						NA			
SPUTUM - IND				NA						NA			
TIME	PULSE		MEDICATIONS		DURATION	AIR LPM	O2 LPM	COUGH	NA	SPUTUM	TYPE	COLOR	AMOUNT
1	NA	2	NA	3	NA	NA	NA	NA	YES	NO			
HNN PD		ASSESSMENT		NA		PRED TV		ACTUAL TV		NA		POST BREATH SOUNDS	
IS PULSE OX				NA						NA			
USN IPPB				NA						NA			
SPUTUM - IND				NA						NA			
TIME	PULSE		MEDICATIONS		DURATION	AIR LPM	O2 LPM	COUGH	NA	SPUTUM	TYPE	COLOR	AMOUNT
1	NA	2	NA	3	NA	NA	NA	NA	YES	NO			
HNN PD		ASSESSMENT		NA		PRED TV		ACTUAL TV		NA		POST BREATH SOUNDS	
IS PULSE OX				NA						NA			
USN IPPB				NA						NA			
SPUTUM - IND				NA						NA			
TIME	PULSE		MEDICATIONS		DURATION	AIR LPM	O2 LPM	COUGH	NA	SPUTUM	TYPE	COLOR	AMOUNT
1	NA	2	NA	3	NA	NA	NA	NA	YES	NO			
HNN PD		ASSESSMENT		NA		PRED TV		ACTUAL TV		NA		POST BREATH SOUNDS	
IS PULSE OX				NA						NA			
USN IPPB				NA						NA			
SPUTUM - IND				NA						NA			
TIME	PULSE		MEDICATIONS		DURATION	AIR LPM	O2 LPM	COUGH	NA	SPUTUM	TYPE	COLOR	AMOUNT
1	NA	2	NA	3	NA	NA	NA	NA	YES	NO			
HNN PD		ASSESSMENT		NA		PRED TV		ACTUAL TV		NA		POST BREATH SOUNDS	
IS PULSE OX				NA						NA			
USN IPPB				NA						NA			
SPUTUM - IND				NA						NA			
TIME	PULSE		MEDICATIONS		DURATION	AIR LPM	O2 LPM	COUGH	NA	SPUTUM	TYPE	COLOR	AMOUNT
1	NA	2	NA	3	NA	NA	NA	NA	YES	NO			
HNN PD		ASSESSMENT		NA		PRED TV		ACTUAL TV		NA		POST BREATH SOUNDS	
IS PULSE OX				NA						NA			
USN IPPB				NA						NA			
SPUTUM - IND				NA						NA			
TIME	PULSE		MEDICATIONS		DURATION	AIR LPM	O2 LPM	COUGH	NA	SPUTUM	TYPE	COLOR	AMOUNT
1	NA	2	NA	3	NA	NA	NA	NA	YES	NO			
HNN PD		ASSESSMENT		NA		PRED TV		ACTUAL TV		NA		POST BREATH SOUNDS	
IS PULSE OX				NA						NA			
USN IPPB				NA						NA			

TODAY'S DATE

416114

COMMENTS:

26Y  
CONNAUGHTON, KAREN, ATN.



050151439

**PRESBYTERIAN**

## RESPIRATORY CARE TREATMENT



Nurse Notes

0415 73

SP<sub>O</sub><sub>2</sub> 97% O<sub>2</sub> NC 2L ↓ 1L

0420

PT placed on RA, per RN

0455 55

SP<sub>O</sub><sub>2</sub> 97% O<sub>2</sub> NC 1L

PT placed Back on O<sub>2</sub> NC 1L

for desats < 90% Per RN

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PATIENT IDENTIFICATION

TODAY'S DATE

4/5/14

COMMENTS:

LUJAN, MIGUEL  
012151439-409304/03/14  
26Y/M

LAKSHMI-NARAYANAN, S. ATN.

000151439



PRESBYTERIAN

2529

## RESPIRATORY CARE TREATMENT



Nurse Notes

TIME	ASSESSMENT	INTERVENTIONS	RESPONSE	PROGRESS	PROGNOSIS	COMMENTS
0400		ABG done R radial Pt on Vent 450, 15, 35 FiO <sub>2</sub> 5/10 - C. Bune RRT				
0700		Pt extubate Placed on Cool Aerosol 40 FIO <sub>2</sub> SpO <sub>2</sub> 99% - C. Bune RRT				
0820		New Or set up SpO <sub>2</sub> 98% Cool aerosol 40% Humidified NC, extension tubing Place on line nc SpO <sub>2</sub> 98% titrate to Benc				
0905	87% 26%	SpO <sub>2</sub> 95% Benc				Wuseman RRT
1405	72% 17%	SpO <sub>2</sub> 96% O <sub>2</sub> enc Place on RA trial Pt titrate to O <sub>2</sub> enc by RN Pt awake - in 30 min SpO <sub>2</sub> 93% RA				Wuseman RRT
2230	89%	SpO <sub>2</sub> 97% O <sub>2</sub> NC 2L				C. Bune RRT

PATIENT IDENTIFICATION

TODAY'S DATE

4/4/14

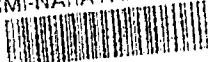
COMMENTS:

LUJAN, MIGUEL  
012151439-4093

04/03/14  
26Y/M

LAKSHMI-NARAYANAN, S. ATN.

000151439



PRESBYTERIAN

2529

WHITE - Chart Copy PINK - Department Copy

9620 (Rev. 1/14)  
Page 1 of 1



## RESPIRATORY CARE TREATMENT



Nurse Notes

TIME	PULSE	RESPIRATION RATE	TEMP	BLOOD PRESSURE	SPO2	COUGH	NA	YES	NO	SPUTUM	TYPE	COLOR	AMOUNT
0137	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
0210	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
0350	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
0430	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
0550	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
0610	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
11:40	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
17:30	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

PATIENT IDENTIFICATION: LUJAN, MIGUEL  
012151439-4093  
CONNAUGHTON, KAREN, ATN.  
000151439

TODAY'S DATE: 04/03/14

COMMENTS: 20-13 → 2509  
PRESBYTERIAN

CHART COPY

PRESBYTERIAN  
Healthcare Services

LUJAN, MIGUEL

Discharge Summary

MRN: 000151439 DOB: [REDACTED] GENDER: M  
Admit: 04/03/2014  
Discharge: 04/07/2014

Dictation ID  
1331352

Report of: SAL LAKSHMI-NARAYANAN, MD

FINAL DIAGNOSES:

- \* 1. Status post cardiac arrest, status post tased by the police, acute respiratory failure -- resolved.
- 2. Polysubstance abuse with urine drug screen showing methamphetamine, amphetamine, buprenorphine cocaine, etc., and substance overdose.
- 3. Underlying hepatitis C disease.
- 4. Acute rhabdomyolysis, much improved.
- 5. Superficial palmar injuries, improving.
- 6. Acute renal failure and acute lactic acidosis at admission -- resolved.
- 7. Underlying alcohol abuse.

\* Mr. Lujan is a 26-year-old gentleman with history of alcohol abuse, polysubstance abuse. He was hospitalized on April 3, 2014, after history of being tased by the police from available history. Also, polysubstance overdose, cardiac arrest, and acute respiratory failure, etc. Please see detailed history and physical for further details. He was on the ventilator support for a day or so. He was successfully extubated. In the hospital, we found that he had acute rhabdomyolysis. He was on appropriate treatment with intravenous fluids, bicarbonate drip, etc. He has improved very well. His latest CK is 377 slightly elevated, and at one time it was speaking around 3,666. He had acute renal failure at admission with a creatinine of 1.99. At discharge it was 0.73. His admission alcohol level was high at 155 mg percent.

He has nasal bone fracture from the available data. He is hepatitis C positive. He had acute renal failure, lactic acidosis which has resolved. His AB serology was negative and hepatitis C serology was positive. TSH was normal at 0.91. Troponins are nonspecific at 0.086. These are status post cardiac arrest values, but his echocardiogram showed normal ejection fraction 65% to 69% with normal left ventricular wall motion.

He had elevated liver function test and ultrasound of the gallbladder showed normal gallbladder and a fatty liver. CT scan of the abdomen and pelvis with contrast showed no evidence of any acute injury in the abdomen or pelvis. CT scan of the maxillofacial area shows some nasal bone fractures with overlying soft tissue swelling, an absent right medial maxillary incisor. CT scan of the head shows no evidence of any acute intracranial injury and CT scan of cervical spine showed no major problems. His EKG in the hospital showed sinus bradycardia without any major acute changes.

Overall, clinically he has done very well. His x-ray of the left hand showed no fracture, no substantial radiopaque foreign body. He was seen by the surgical team for trauma evaluation as well when he was in the hospital.

Clinically, he has improved. He is okay to be discharged today and continued care as an outpatient. His CK is down to 377, slightly elevated but greatly improved from the previous values. CBC is also showing normal WBC count from what he was at admission. Clinically, he has improved. He is ambulating in the med/surg floor very well, eating fine, hemodynamically stable, okay to be

discharged and continued care as an outpatient.

PHYSICAL EXAMINATION:

VITAL SIGNS: At the time of discharge, his blood pressure is 120/50 with a heart rate of 53 a minute, respiration is 18 a minute, saturation 90% on room air, afebrile.

GENERAL: He looks comfortable, at rest on general examination.

HEENT: No acute findings.

NECK: Neck is supple.

CHEST: Normal symmetrical expansion bilaterally of chest. No use of accessory muscles of respiration. Normal vesicular breathing bilaterally heard. No adventitious sounds. No palpable tenderness on chest wall on percussion, resonance bilaterally heard.

CARDIOVASCULAR: S1 and S2 are normal, no murmur, no pedal edema, no swelling or tenderness in the calf region in the legs.

ABDOMEN: Soft and nontender.

EXTREMITIES: No cyanosis or clubbing.

CENTRAL NERVOUS SYSTEM: Alert and awake, oriented to time, place and person. Normal mood.

His injuries in both palms are very tiny and they are healing.

DISCHARGE INSTRUCTIONS:

Discharge patient home today. Discontinue hep-lock, IV fluids, all lines, catheters, telemetry, oxygen on discharge. He will follow up with his primary care provider at El Centro Family Health Care in 1 or 2 days. Follow up with Dr. Dooley or associate gastroenterology in Santa Fe in 2 or 3 weeks for his hepatitis C disease. Follow up in the ER for acute symptoms. Advised to quit smoking, alcohol, and substance abuse.

Regular diet.

Activity as tolerated. Advised not to drive under the influence of alcohol, drugs or when sleepy.

DISCHARGE MEDICATIONS:

1. Neosporin ointment to both palmar wounds every 12 hours for 7 days.
2. Tylenol 500 mg by mouth every 8 hours as needed pain for 5 days.

Please see detailed discharge orders, instructions, and prescriptions.

Total time spent coordinating care and discharge today is 35 minutes. The patient and the wife had lots of questions which I answered.

SAL LAKSHMI-NARAYANAN, MD

04/07/2014 01:41 PM

04/07/2014 02:21 PM NTS

Job: 1011915

CC: SAL LAKSHMI-NARAYANAN, MD

Authenticated by Sal Lakshmi-Narayanan, MD On 04/28/2014 11:52:27 AM

PRESBYTERIAN  
Healthcare Services

LUJAN, MIGUEL

Consultation

MRN: 000151439

DOB: [REDACTED] GENDER: M

Admit: 04/03/2014

DOS: 04/03/2014

Dictation ID  
1327141

Report of: MIGUEL ITURREGUI, MD

CONSULTATION REQUESTED BY:  
Sal Lakshmi-Narayanan, MD

CHIEF COMPLAINT:  
Cardiac arrest.

HISTORY OF PRESENT ILLNESS:

The history is obtained from the chart as the patient is currently intubated and sedated. There is no family at the bedside. Briefly, the patient is a 26-year-old male while in drug induced rage he had an altercation with police. He was tased and subsequently had cardiac arrest. He was brought in to our emergency room where he was intubated for agitation.

PAST MEDICAL HISTORY:

Remarkable for hepatitis C and for childhood asthma.

REVIEW OF SYSTEMS:

Positive for cocaine, positive for smoking, positive for ETOH, positive for heroin.

REVIEW OF SYSTEMS:

Not obtainable as the patient is intubated and sedated.

ALLERGIES:

There are no known drug allergies but again this information is obtained from the chart.

MEDICATIONS AT HOME:

Suboxone.

PHYSICAL EXAMINATION:

VITAL SIGNS: Heart rate is in the 70s. Oxygen saturation is 100%. Blood pressure is 104/48, respiratory rate is 18.

GENERAL: The patient is intubated and sedated.

HEENT: His pupils are equal, small, and miotic, approximated to 2 mm.

NECK: Supple.

LUNGS: Clear to auscultation.

HEART: Regular. There is no crepitation in the chest.

ABDOMEN: Soft. He does not express any pain to palpation of the abdomen.

SKIN: He has multiple abrasions throughout his body. He has a small open wound on the palm of his hand. He has a small abrasion in between his second and third finger and his 4th and 5th digits. He has multiple marks over his skin that are presumably from injecting heroin. The perineum looks intact.

BACK: His back looks intact and he has stepoffs on his vertebrae.

INVESTIGATIONS:

While he has been here in the hospital include a CK of 682 and lactic acid of 22, white blood cell count is 21, a hemoglobin of 14, creatinine is 1.9. Liver

function tests are remarkable for an AST of 200 and an ALT of 200. The urine had trace amounts of blood. Tox screen was positive for methamphetamines, amphetamines Suboxone, and cocaine. INR was 1.24. Alcohol was 135. Chest x-ray was unremarkable. CT scan of the abdomen showed no evidence of acute injury. CT of the maxillofacial area is consistent with a nasal bone fracture. CT scan of the C-spine was negative, but it was limited by motion artifact. X-ray of the right hand revealed soft tissue swelling.

IMPRESSION:

No acute surgical issues.

PLAN:

Please reconsult if needed. I have ordered an x-ray of the left hand to rule out a fracture in that extremity. I have discussed my thoughts with Dr. Narayanan.

MIGUEL ITURREGUI, MD

04/03/2014 11:54 AM  
04/03/2014 12:35 PM  
Job: 1008734

CC: MIGUEL ITURREGUI, MD  
SAL LAKSHMI-NARAYANAN, MD

Authenticated and Edited by Miguel Iturregui Freije, MD On 4/03/14 4:31:56 PM



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88435

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